Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 1 Fagnings Statement

Dept : 1025200 5S-Medical Surgical Location : 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 07/14/2024 - 07/27/2024

Advice Date: 08/02/2024 Advice Number: 0000026266 00000001644 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly \$59.83 Pay Rate:

ray nacc.		400.00		
Earnings	Rate	Hours/ Units	This Period Yea	ar-to-Date
OT @ 1.5	89.7450	1.25	112.18	5178.70
OT Stndard	59.8300	6.25	373.94	6132.59
Regular	59.8300	72.00	4307.76	63150.58
Precept Pr	2.0000	36.00	72.00	72.00
Incentive				80.00
Shift 2.00				30.50
Shift 3.00				75.75
Hol Pr 0.5				815.18
Personal				89.75
Vacation				2153.88
Nonprod NP				
Sick Leave				2871 84

Nonprod NP		
Sick Leave		2871.84
Gross Pay 115.50	4865.88	80650.77
		·····
Taxes		
Fed Withholdng	692.66	11789.14
Fed MED/EE	68.97	1144.17
Fed OASDI/EE	294.90	4892.32
PA Unempl EE	3.41	56.46
PA Withholdng	146.02	2422.48
PA local Withholdng	167.39	2774.38

Benefit Time	Balance
Vacation	150.48
Sick	106.62
Personal	21.60

1373.35

23078.95

Other	This	
Deductions	Period	Year-to-Date
*PersChoice	97.30	1550.43
*Dental	12.12	191.90
Suppl Life	33.64	538.24
Suppl AD&D	1.56	24.96
TUHS STD	43.49	695.84
LTD	28.08	406.58
*PEN CONTRB	193.85	3071.98

Total Deduction	s 410.04	6479.93
*Excluded from	taxable wages	
Net Pay	3082.49	51091.89
Employer Paid I	Benefits	
PersChoice	875.69	13953.75
Dental	36.35	575.54
Vision	2.67	42.72
Life	0.33	5.28
LTD	27.10	379.84
PEN CONTRB	193.85	3071.98

Total		1135.99	18029.11
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		2,982.49
Net Chec	k		0.00

Total Taxes

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Advice Number: 0000026266

Deposited to the account of

Kelvin A Lashley

Checking Checking Checking Checking Checking Checking Checking Checking

Ece Date:	08/02/2024
Transit ABA	Amount
031176110	100.00
231372691	100.00
	100.00
236084298	100.00
236084298	100.00
236084298 104000016	100.00 100.00
236084298 104000016 036001808	100.00 100.00 100.00
	Transit ABA 031176110

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Page 2 d**Fagnings** Document

Dept : 1025200 5S-Medical Surgical Location: 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 07/28/2024 - 08/10/2024

Advice Date: 08/16/2024 Advice Number: 0000026913 00000001671 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: 79.50 Hourly \$59.83 Pay Rate:

OT Stndard 59.8300 5.00 299.15 6431.74 Regular 59.8300 72.00 4307.76 67458.34 Shift 2.00 2.0000 24.25 48.50 79.00 OT @ 1.5 60.5360 2.50 225.25 5403.95 Incentive 80.00 Shift 3.00 75.75	•
Shift 2.00 2.0000 24.25 48.50 79.00 OT @ 1.5 60.5360 2.50 225.25 5403.95 Incentive 80.00 Shift 3.00 75.75	
OT @ 1.5 60.5360 2.50 225.25 5403.95 Incentive 80.00 Shift 3.00 75.75	
Incentive 80.00 Shift 3.00 75.75	
Shift 3.00 75.75	
Hol Pr 0.5 815.18	
Personal 89.75	
Vacation 2153.88	
Nonprod NP	
Sick Leave 2871.84	
Precept Pr 72.00	
Gross Pay 103.75 4880.66 85531.43	

Sick Leave		2871.84
Precept Pr		72.00
Gross Pay 103.75	4880.66	85531.43

Taxes		
Fed Withholdng	696.21	12485.35
Fed MED/EE	69.19	1213.36
Fed OASDI/EE	295.82	5188.14
PA Unempl EE	3.41	59.87
PA Withholdng	146.48	2568.96
PA local Withholdng	167.89	2942.27

Benefit Time	Balance
Vacation	154.64
Sick	109.95
Personal	21.60

1379.00

24457.95

This	
Period	Year-to-Date
97.30	1647.73
12.12	204.02
33.64	571.88
1.56	26.52
43.49	739.33
28.08	434.66
193.85	3265.83
	97.30 12.12 33.64 1.56 43.49 28.08

Total Deduction	s 410.04	6889.97
*Excluded from	taxable wages	
Net Pay	3091.62	54183.51
Employer Paid	Benefits	
PersChoice	875.69	14829.44
Dental	36.35	611.89
Vision	2.67	45.39
Life	0.33	5.61
LTD	27.10	406.94
PEN CONTRB	193.85	3265.83

Total		1135.99	19165.10
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		2,991.62
Net Chec	k		0.00

Total Taxes

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Advice Number: 0000026913

Deposited to the account of

<u></u> c	heck	ing≣
€	hē≩k	ing
	heck	
С	heck	ing
	heck	
С	heck	ing
С	heck	ing
С	heck	ing

÷		08/16/2024	
<u> </u>	Account Number	Transit ABA	Amount
Checking	XXXXX8893	031176110	100.00
heeking	XXXXXX9598	231372691	100.00
_ Checking	XXXXXXXXX2767	236084298	100.00
Checking	XXXXX4041	104000016	100.00
Checking	XXXXXX0617	036001808	100.00
Checking	XXXXXX0527	031000503	100.00
Checking	XXXXXXXX7953	103100195	300.00
Checking	XXXXXX0251	031000053	2191.62

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 3 Fagnings Statement

Dept : 1025200 5S-Medical Surgical Location: 1025200 5S-Medical Surgical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 08/11/2024 - 08/24/2024

Advice Date: 08/30/2024 Advice Number: 0000027566 00000001691 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly \$59.83 Pay Rate:

Earnings	Rate	Hours/ Units	This Period	Year-to-Date
OT Stndard	59.8300	5.25	314.11	6745.85
Regular	59.8300	72.00	4307.76	71766.10
Incentive				80.00
Shift 3.00				75.75
Hol Pr 0.5				815.18
Personal				89.75
Vacation				2153.88
Nonprod NP				
Sick Leave				2871.84
Shift 2.00				79.00
OT @ 1.5				5403.95
Precept Pr				72.00
Gross Pay		77.25	4621.87	90153.30

OT @ 1.5		5403.95
Precept Pr		72.00
Gross Pay 77.	25 4621.87	90153.30

Taxes		
Fed Withholdng	636.28	13121.63
Fed MED/EE	65.43	1278.79
Fed OASDI/EE	279.77	5467.91
PA Unempl EE	3.24	63.11
PA Withholdng	138.53	2707.49
PA local Withholdng	158.99	3101.26

Benefit Time	Balance
Vacation	158.80
Sick	113.28
Personal	21.60

1282.24

25740.19

Other	This	
Deductions	Period	Year-to-Date
*PersChoice	97.30	1745.03
*Dental	12.12	216.14
Suppl Life	33.64	605.52
Suppl AD&D	1.56	28.08
TUHS STD	43.49	782.82
LTD	28.08	462.74
*PEN CONTRB	193.85	3459.68

Total Ded	action	8	410.04	7300.01
*Excluded	from	taxable	wages	
Net Pay		2	929.59	57113.10
Employer	Paid 1	Benefits	1	
PersChoice	:		875.69	15705.13
Dental			36.35	648.24
Vision			2.67	48.06
Life			0.33	5.94
LTD			27.10	434.04
PEN CONTRI	3		193.85	3459.68

Total		1135.99	20301.09
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		2,829.59
Net Chec	k		0.00

Total Taxes

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor

Deposited to the account of

₹	<u>=</u> Cmecking <u>=</u>
	€ hecking
_	€ Checking
-	Checking
	Checking
	Checking
	Checking
	Oh a alsima

CHH Community Health Temple Health Sys Boye	Inc er Pavilion	Adv	ice Number:	0000027566
ALTH 3509 N Broad Street 9t Philadelphia, PA 19140			ce Date:	08/30/2024
sited to the account of		Account Number	Transit ABA	Amount
A Lashley	— Checking —	XXXXX8893	031176110	100.00
· _uooy	Checking Checking	XXXXXX9598	231372691	100.00
<u> </u>	Checking	XXXXXXXXX2767	236084298	100.00
± € ¯¯	Checking	XXXXX4041	104000016	100.00
	Checking	XXXXXX0617	036001808	100.00
	Checking	XXXXXX0527	031000503	100.00
= = = =	Checking	XXXXXXXX7953	103100195	300.00
	Checking	XXXXXX0251	031000053	2029.59

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 4 Fagnings Statement

Dept: 1025200 5S-Medical Surgical Location : 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 08/25/2024 - 09/07/2024

Advice Date: 09/13/2024 Advice Number: 0000028225 00000001708 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: 65.00 Hourly \$59.83 Pay Rate:

Earnings	Rate	Hours/ Units	This Period Ye	ar-to-Date
Earnings	Rate	Units	Period ie	ar-to-Date
OT Stndard	59.8300	5.00	299.15	7045.00
Regular	59.8300	60.00	3589.80	75355.90
Sick Leave	59.8300	12.00	717.96	3589.80
Incentive				80.00
Shift 3.00				75.75
Hol Pr 0.5				815.18
Personal				89.75
Vacation				2153.88
Nonprod NP				
Shift 2.00				79.00
OT @ 1.5				5403.95
Precept Pr				72.00
Gross Pay		77.00	4606.91	94760.21
	·····		·····	***************************************

OT @ 1.5 Precept Pr		5403.95 72.00
Gross Pay 77.	00 4606.91	94760.21
Taxes		
Fed Withholdng	632.99	13754.62
Fed MED/EE	65.21	1344.00
Fed OASDI/EE	278.85	5746.76
PA Unempl EE	3.22	66.33
PA Withholdng	138.07	2845.56
PA local Withholdng	158.48	3259.74

Benefit Time	Balance
Vacation	162.00
Sick	104.61
Personal	21.60

1276.82

27017.01

Other	This		
Deductions	Period	Year-to-Date	
*PersChoice	97.30	1842.33	
*Dental	12.12	228.26	
Suppl Life	33.64	639.16	
Suppl AD&D	1.56	29.64	
TUHS STD	43.49	826.31	
LTD	28.08	490.82	
*PEN CONTRB	193.85	3653.53	

Total Deductio	ns 410.04	7710.05
*Excluded from	n taxable wages	
Net Pay	2920.05	60033.15
Employer Paid	Benefits	
PersChoice	875.69	16580.82
Dental	36.35	684.59
Vision	2.67	50.73
Life	0.33	6.27
LTD	27.10	461.14
PEN CONTRB	193.85	3653.53

Total		1135.99	21437.08
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		2,820.05
Net Chec	k		0.00

Total Taxes

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Advice Number: 0000028225

Advice Date: 09/13/2024

Deposited to the account of

Kelvin A Lashley

Checking €heeking Checking Checking Checking Checking Checking Checking

Amount Account Number Transit ABA 100.00 XXXXX8893 031176110 XXXXXX9598 231372691 100.00 XXXXXXXXX2767 236084298 100.00 XXXXX4041 104000016 100.00 XXXXXX0617 036001808 100.00 100.00 XXXXXX0527 031000503 XXXXXXXX7953 103100195 300.00 XXXXXX0251 031000053 2020.05

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 5 Fagnings Statement

Dept : 1025200 5S-Medical Surgical Location: 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 09/08/2024 - 09/21/2024

Advice Date: 09/27/2024 Advice Number: 0000028890 00000001735 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly \$59.83 Pay Rate:

Earnings	Rate	Hours/ Units	This Period	Year-to-Date
OT Stndard	59.8300	5.50	329.07	7374.07
Personal	59.8300	12.00	717.96	807.71
Regular	59.8300	60.00	3589.80	78945.70
Incentive				80.00
Shift 3.00				75.75
Hol Pr 0.5				815.18
Vacation				2153.88
Nonprod NP				
Shift 2.00				79.00
OT @ 1.5				5403.95
Precept Pr				72.00
Sick Leave				3589.80

Precept Pr		72.00
Sick Leave		3589.80
Gross Pay 77.50	4636.83	99397.04
Taxes		
Fed Withholdng	639.58	14394.20
Fed MED/EE	65.65	1409.65
Fed OASDI/EE	280.70	6027.46
PA Unempl EE	3.25	69.58
PA Withholdng	138.99	2984.55
PA local Withholdng	159.51	3419.25

Benefit Time	Balance
Vacation	162.00
Sick	107.94
Personal	9.60

1287.68

28304.69

Other	This	
Deductions	Period	Year-to-Date
*PersChoice	97.30	1939.63
*Dental	12.12	240.38
Suppl Life	33.64	672.80
Suppl AD&D	1.56	31.20
TUHS STD	43.49	869.80
LTD	28.08	518.90
*PEN CONTRB	193.85	3847.38

Total Deduction	s 410.04	8120.09
*Excluded from	taxable wages	
Net Pay	2939.11	62972.26
Employer Paid E	Benefits	
PersChoice	875.69	17456.51
Dental	36.35	720.94
Vision	2.67	53.40
Life	0.33	6.60
LTD	27.10	488.24
PEN CONTRB	193.85	3847.38

TOUAL		1130.33	ZZ3/3.U/
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		2,839.11
Net Chec	k		0.00

Total Taxes

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Advice Number:

0000028890

Deposited	to the	accou	nt of	
Kelvin A Lasl	nley			_ <i>i</i>
Ę				

=		
≣	€heek	
-	<u>=</u> Check Check	
-	Check	

vilion	Au	vice Number.	0000020030
or	_ <i></i> }	vice Date:	09/27/2024
. A		Tuessit ADA	A a
	Account Number	Transit ABA	Amount
Checking	XXXXX8893	031176110	100.00
€ heeking	XXXXXX9598	231372691	100.00
Checking Checking Checking	XXXXXXXXX2767	236084298	100.00
Checking	XXXXX4041	104000016	100.00
Checking	XXXXXX0617	036001808	100.00
Checking	XXXXXX0527	031000503	100.00
Checking	XXXXXXXX7953	103100195	300.00
Checking	XXXXXX0251	031000053	2039.11

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 6 Fagnings Statement

Dept : 1025200 5S-Medical Surgical Location: 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 09/22/2024 - 10/05/2024

Advice Date: 10/11/2024 Advice Number: 0000029544 00000001760 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: 107.25 Hourly \$59.83 Pay Rate:

	D-4-	Hours/	This	
Earnings	Rate	Units	Period :	<u> ear-to-Date</u>
OT @ 1.5	89.7450	27.25	2445.55	7849.50
Regular	59.8300	72.00	4307.76	83253.46
OT Stndard	59.8300	8.00	478.64	7852.71
Incentive				80.00
Shift 3.00				75.75
Hol Pr 0.5				815.18
Vacation				2153.88
Nonprod NP				
Shift 2.00				79.00
Personal				807.71
Sick Leave				3589.80
Precept Pr				72.00
Gross Pay		107.25	7231.95	106628.99
			***************************************	***************************************

011210 2:00		,,,,,
Personal		807.71
Sick Leave		3589.80
Precept Pr		72.00
Gross Pay 197.2	7231.95	106628.99
Taxes		
Fed Withholdng	1260.52	15654.72
Fed MED/EE	103.27	1512.92
Fed OASDI/EE	441.59	6469.05
PA Unempl EE	5.06	74.64
PA Withholdng	218.66	3203.21
PA local Withholdng	248.78	3668.03

Benefit Time	Balance
Vacation	162.00
Sick	111.27
Personal	9.60

Other	This	
Deductions	Period	Year-to-Date
*PersChoice	97.30	2036.93
*Dental	12.12	252.50
Suppl Life	33.64	706.44
Suppl AD&D	1.56	32.76
TUHS STD	43.49	913.29
LTD	28.08	546.98
*PEN CONTRB	193.85	4041.23

Total Deduction	s 410.04	8530.13
*Excluded from	taxable wages	
Net Pay	4544.03	67516.29
Employer Paid E	Benefits	
PersChoice	875.69	18332.20
Dental	36.35	757.29
Vision	2.67	56.07
Life	0.33	6.93
LTD	27.10	515.34
PEN CONTRB	193.85	4041.23

Total		1135.99	23709.06
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		4,444.03
Net Chec	k		0.00

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor

Deposited to the account of

Kelvin A Lashley

<u></u> C	n e cking≣
€	hecking
₹	hecking
_ C	hecking
С	hecking
С	hecking
С	hecking
_	hocking

2277.88 30582.57

Temple Health Sys Boye		Advice		0000029544
ALTH 3509 N Broad Street 9th Philadelphia, PA 19140			Date:	10/11/2024
sited to the account of	_	= = =	Transit ABA	Amount
A Lashley	— Chacking — —	XXXXX8893	031176110	100.00
•	Checking Checking Checking	XXXXXX9598	231372691	100.00
<u> </u>	thecking the ching	XXXXXXXXX2767	236084298	100.00
€	Thecking Checking	XXXXX4041	104000016	100.00
	Checking	XXXXXX0617	036001808	100.00
	Checking	XXXXXX0527	031000503	100.00
<u> </u>	Checking	XXXXXXXX7953	103100195	300.00
	Checking	XXXXXX0251	031000053	3644.03

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 7 Fagnings Statement

Dept : 1025200 5S-Medical Surgical Location: 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 10/06/2024 - 10/19/2024

Advice Date: 10/25/2024 Advice Number: 0000030200 00000001780 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly \$59.83 Pay Rate:

		Hours/	This		
Earnings	Rate	Units	Period Yea	ar-to-Date	_
OT @ 1.5	67.6439	13.75	1287.71	9402.14	
OT @ 1.5	89.7450	13.75-	1233.99-		
Incentive			840.00	920.00	
OT @ 1.5	67.7050	16.00	1498.92		
OT Stndard	59.8300	4.25	254.28	8106.99	
Regular	59.8300	72.00	4307.76	87561.22	
Shift 2.00	2.0000	10.50	21.00	100.00	
Shift 3.00				75.75	
Hol Pr 0.5				815.18	
Vacation				2153.88	
Nonprod NP					

Other	Earns	4469.51
	Pay 102.75 6975.68 1136	

axes		
ed Withholdng	1199.01	16853.73
ed MED/EE	99.56	1612.48
ed OASDI/EE	425.71	6894.76
A Unempl EE	4.88	79.52
A Withholdng	210.79	3414.00
A local Withholdng	239.96	3907.99

Benefit Time	Balance
Vacation	162.00
Sick	114.60
Personal	9.60

Other Deductions	This Period	Year-to-Date
*PersChoice	97.30	2134.23
*Dental	12.12	264.62
Suppl Life	33.64	740.08
Suppl AD&D	1.56	34.32
TUHS STD	43.49	956.78
LTD	28.08	575.06
*PEN CONTRB	193.85	4235.08

ns 410.04	8940.17
taxable wages	***************************************
4385.73	71902.02
Benefits	
875.69	19207.89
36.35	793.64
2.67	58.74
0.33	7.26
27.10	542.44
193.85	4235.08
	taxable wages 4385.73 Benefits 875.69 36.35 2.67 0.33 27.10

Total		1135.99	24845.05
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		4,285.73
Net Chec	k		0.00

Total Taxes

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Advice Number: 0000030200

Deposited to the account of

Kelvin A Lashley

2179.91

32762.48

Checking
€ heeking
Checking Checking
Checking
Checking
Checking

Checking

	Au	vice Nullibel.	0000030200
		vice Date:	10/25/2024
<u> </u>	Account Number	Transit ABA	Amount
Checking =	XXXXX8893	031176110	100.00
heeking	XXXXXX9598	231372691	100.00
Checking	XXXXXXXXX2767	236084298	100.00
Checking	XXXXX4041	104000016	100.00
Checking	XXXXXX0617	036001808	100.00
Checking	XXXXXX0527	031000503	100.00
Checking	XXXXXXXX7953	103100195	300.00
Checking	XXXXXX0251	031000053	3485.73

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 8 of agnings Statement

Dept : 1025200 5S-Medical Surgical Location: 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 10/20/2024 - 11/02/2024

Advice Date: 11/08/2024 Advice Number: 0000030858 00000001804 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly \$59.83 Pay Rate:

Earnings	Rate	Hours/ Units	This Period Ye	ar-to-Date
Regular	59.8300	72.00	4307.76	91868.98
OT Stndard	59.8300	5.75	344.02	8451.01
OT @ 1.5	89.7450	1.25	112.18	9514.32
Shift 3.00				75.75
Hol Pr 0.5				815.18
Vacation				2153.88
Nonprod NP				
Precept Pr				72.00
Personal				807.71
Sick Leave				3589.80
Shift 2.00				100.00
Incentive				920.00
Gross Pay		79.00	4763.96	118368.63

Sick Leave		3589.80
Shift 2.00		100.00
Incentive		920.00
Gross Pay 79.00	4763.96	118368.63
Taxes		
Fed Withholdng	684.69	17538.42
Fed MED/EE	68.49	1680.97
Fed OASDI/EE	292.84	7187.60
PA Unempl EE	3.34	82.86
PA Withholdng	145.00	3559.00
PA local Withholdng	163.88	4071.87

Benefit Time	Balance
Vacation	162.00
Sick	117.93
Personal	9.60

1358.24

34120.72

Other Deductions	This Period	Year-to-Date
*PersChoice	36.68	2170.91
*Dental	4.05	268.67
Suppl Life	33.64	773.72
Suppl AD&D	1.56	35.88
TUHS STD	43.49	1000.27
LTD	28.08	603.14
*PEN CONTRB	193.85	4428.93

Total Deductio	ns 341.35	9281.52
*Excluded from	n taxable wages	
Net Pay	3064.37	74966.39
Employer Paid	Benefits	
PersChoice	330.16	19538.05
Dental	12.16	805.80
Vision	0.96	59.70
Life	0.33	7.59
LTD	27.10	569.54
PEN CONTRB	193.85	4428.93

Total		5.64.256	25409.61
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		2,964.37
Net Chec	k		0.00

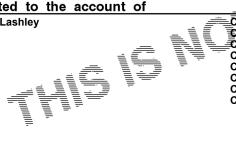
Total Taxes

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Advice Number: 0000030858

> Date: 11/08/2024

Deposited to the account of



	Account Number	Transit ABA	Amount
Checking	XXXXX8893	031176110	100.00
€ heeking	XXXXXX9598	231372691	100.00
Checking	XXXXXXXXX2767	236084298	100.00
Checking	XXXXX4041	104000016	100.00
Checking	XXXXXX0617	036001808	100.00
Checking	XXXXXX0527	031000503	100.00
Checking	XXXXXXXX7953	103100195	300.00
Checking	XXXXXX0251	031000053	2164.37

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 9 of agnings Statement Document

Dept: 1025200 5S-Medical Surgical Location: 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 11/03/2024 - 11/16/2024

Advice Date: 11/22/2024 Advice Number: 0000031526 00000001827 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly Pay Rate: \$59.83

Earnings	Rate	Hours/ Units	This Period Y	ear-to-Date
OT Stndard	59.8300	6.75	403.85	8854.86
Sick Leave	59.8300	12.00	717.96	4307.76
Regular	59.8300	58.00	3470.14	95339.12
Nonprod Pd	59.8300	2.00	119.66	119.66
Shift 2.00	2.0000	15.25	30.50	130.50
OT @ 1.5	60.5155	4.50	405.39	9919.71
Shift 3.00				75.75
Hol Pr 0.5				815.18
Vacation				2153.88
Nonprod NP				
Precept Pr				72.00
Other Earns				1727.71
Gross Pay		98.50	5147.50	123516.13

Nonprod NP		
Precept Pr		72.00
Other Earns		1727.71
Gross Pay 98.50	5147.50	123516.13
		······
Taxes		
Fed Withholdng	760.25	18298.67
Fed MED/EE	73.05	1754.02
Fed OASDI/EE	312.36	7499.96
PA Unempl EE	3.60	86.46
PA Withholdng	154.67	3713.67
PA local Withholdng	177.07	4248.94

Benefit Time	Balance
Vacation	162.00
Sick	109.26
Personal	9.60

Other Deductions	This Period	Year-to-Date
*PersChoice	97.30	2268.21
*Dental	12.12	280.79
Suppl Life	33.64	807.36
Suppl AD&D	1.56	37.44
TUHS STD	43.49	1043.76
LTD	28.08	631.22
*PEN CONTRB	193.85	4622.78

Total Deduction	is 410.04	9691.56
*Excluded from	taxable wages	
Net Pay	3256.46	78222.85
Employer Paid	Benefits	
PersChoice	875.69	20413.74
Dental	36.35	842.15
Vision	2.67	62.37
Life	0.33	7.92
LTD	27.10	596.64
PEN CONTRB	193.85	4622.78

Total		1135.99	26545.60
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		3,156.46
Net Chec	k		0.00

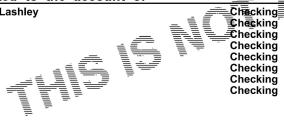
© 2002 AutomaticData Processing (PCSUVO)

Total Taxes

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Deposited to the account of

Kelvin A Lashley



1481.00

35601.72

	vice Number:	0000031526 11/22/2024
Account Number	= Transit ABA	Amount
= XXXXX8893	031176110	100.00
XXXXXX9598	231372691	100.00
XXXXXXXXX2767	236084298	100.00
XXXXX4041	104000016	100.00
XXXXXX0617	036001808	100.00
XXXXXX0527	031000503	100.00
XXXXXXXX7953	103100195	300.00
XXXXXX0251	031000053	2356.46

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 10 Fagnings Statement

Dept: 1025200 5S-Medical Surgical Location: 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 11/17/2024 - 11/30/2024

Advice Date: 12/06/2024 Advice Number: 0000032189 Batch Number: 00000001852

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly Pay Rate: \$59.83

Earnings	Rate	Hours/ Units	This Period Ye	ar-to-Date
OT Stndard	59.8300	3.25	194.45	9049.31
Regular	59.8300	64.75	3873.99	99213.11
Shift 2.00	2.0000	15.00	30.00	160.50
Shift 3.00				75.75
Hol Pr 0.5				815.18
Vacation				2153.88
Nonprod NP				
Precept Pr				72.00
Personal				807.71
Incentive				920.00
Nonprod Pd				119.66
Other Earns				14227.47
Gross Pay		83.00	4098.44	127614.57

Nonprod 1d		117.00
Other Earns		14227.47
Gross Pay 83.00	4098.44	127614.57
Taxes		
Fed Withholdng	525.42	18824.09
Fed MED/EE	57.84	1811.86
Fed OASDI/EE	247.32	7747.28
PA Unempl EE	2.87	89.33
PA Withholdng	122.46	3836.13
PA local Withholdng	140.99	4389.93

Benefit Time	Balance
Vacation	162.00
Sick	112.59
Personal	9.60

1096.90

36698.62

Other Deductions	This Period	Year-to-Date
*PersChoice	97.30	2365.51
*Dental	12.12	292.91
Suppl Life	33.64	841.00
Suppl AD&D	1.56	39.00
TUHS STD	43.49	1087.25
LTD	28.08	659.30
*PEN CONTRB	174.33	4797.11

Total Deduction	s 390.52	10082.08
*Excluded from	taxable wages	
Net Pay	2611.02	80833.87
Employer Paid	Benefits	
PersChoice	875.69	21289.43
Dental	36.35	878.50
Vision	2.67	65.04
Life	0.33	8.25
LTD	27.10	623.74
PEN CONTRB	174.33	4797.11

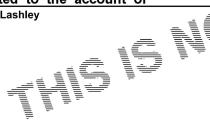
Total		1116.47	27662.07
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		2,511.02
Net Chec	k		0.00

© 2002 AutomaticData Processing (PCSUVO)

Total Taxes

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor PA 19140 Philadelphia,

Deposited	to	the	account	O
-----------	----	-----	---------	---



		_	
<u> </u>	Ch	cki	ng
# 3	€he	æki	na
	Che		
		cki	
=			
		cki	
		cki	
		ecki	
	Che	ecki	ng

ion		dvice Number:	0000032189 12/06/2024
<u> </u>	Account Number	Transit ABA	Amount
Checking	XXXXX8893	031176110	100.00
Checking	XXXXXX9598	231372691	100.00
Ehecking	XXXXXXXXX2767	236084298	100.00
Checking	XXXXX4041	104000016	100.00
Checking	XXXXXX0617	036001808	100.00
Checking	XXXXXX0527	031000503	100.00
Checking	XXXXXXXX7953	103100195	300.00
Checking	XXXXXX0251	031000053	1711.02

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 11 Famings Statement

Dept: 1025200 5S-Medical Surgical Location: 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 12/01/2024 - 12/14/2024

Advice Date: 12/20/2024 Advice Number: 0000032855 00000001869 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly Pay Rate: \$59.83

Earnings	Rate	Hours/ Units	This Period :	Year-to-Date
OT @ 1.5	60.5573	1.25	112.64	10370.20
OT Stndard	59.8300	8.00	478.64	9527.95
Regular	59.8300	72.00	4307.76	103520.87
Shift 2.00	2.0000	30.25	60.50	221.00
OT @ 1.5	60.5271	3.75	337.85	
Shift 3.00				75.75
Hol Pr 0.5				815.18
Vacation				2153.88
Nonprod NP				
Precept Pr				72.00
Personal				807.71
Other Earns				5347.42
Gross Pay		115.25	5297.39	132911.96
······································	***************************************	***************************************	<u></u>	***************************************

1.0119100 1.1		
Precept Pr		72.00
Personal		807.71
Other Earns		5347.42
Gross Pay 115.25	5297.39	132911.96
Taxes		
Fed Withholdng	796.22	19620.31
Fed MED/EE	75.23	1887.09
Fed OASDI/EE	321.66	8068.94
PA Unempl EE	3.71	93.04
PA Withholdng	159.27	3995.40
PA local Withholdng	182.23	4572.16

Benefit Time	Balance
Vacation	126.00
Sick	115.92
Personal	9.60

1538.32

38236.94

Other Deductions	This Period	Year-to-Date
*PersChoice	97.30	2462.81
*Dental	12.12	305.03
Suppl Life	33.64	874.64
Suppl AD&D	1.56	40.56
TUHS STD	43.49	1130.74
LTD	28.08	687.38
*PEN CONTRB	193.85	4990.96

Total Deduction	is 410.04	10492.12
*Excluded from	taxable wages	
Net Pay	3349.03	84182.90
Employer Paid	Benefits	
PersChoice	875.69	22165.12
Dental	36.35	914.85
Vision	2.67	67.71
Life	0.33	8.58
LTD	27.10	650.84
PEN CONTRB	193.85	4990.96

Total		1135.99	28798.06
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		3,249.03
Net Chec	k		0.00

© 2002 AutomaticData Processing (PCSUVO)

Total Taxes

CHH Community Health Inc Temple Health Sys Boyer Pavilion
TEMPLE HEALTH 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Deposited to the account of

	Adv	ice Number:	0000032855
		<u> </u>	12/20/2024
_ N	Account Number	Transit ABA	Amount
Checking	XXXXX8893	031176110	100.00
€ heeking	XXXXXX9598	231372691	100.00
<u></u> Checking	XXXXXXXXX2767	236084298	100.00
Checking	XXXXX4041	104000016	100.00
Checking	XXXXXX0617	036001808	100.00
Checking	XXXXXX0527	031000503	100.00
Checking	XXXXXXXX7953	103100195	300.00
Checking	XXXXXX0251	031000053	2449.03

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 12 Famings Statement

Dept: 1025200 5S-Medical Surgical Location: 1025200 5S-Medical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 12/15/2024 - 12/28/2024

Advice Date: 01/03/2025 Advice Number: 0000033521 00000001897 Batch Number:

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly Pay Rate: \$59.83

Earnings	Rate	Hours/ Units	This Period Yea	r-to-Date
Regular	59.8300	60.00	3589.80	3589.80
OT Stndard	59.8300	5.00	299.15	299.15
Sick Leave	59.8300	12.00	717.96	717.96
Hol Pr 0.5	29.9150	13.25	396.37	396.37

Other Deductions	This Period	Year-to-Date
*PersChoice	97.30	97.30
*Dental	12.12	12.12
Suppl Life	33.64	33.64
Suppl AD&D	1.56	1.56
TUHS STD	43.49	43.49
LTD	28.08	28.08
*PEN CONTRR	193.85	193.85

4.43 714.43
1.43 /14.43
0.96 70.96
3.42 303.42
3.50 3.50
150.24
2.11 172.11
)

Benefit Time	Balance
Vacation	130.16
Sick	107.25
Personal	9.60

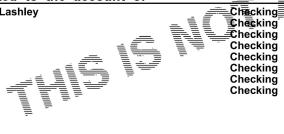
Total Deduc	tions 410.04	410.04
*Excluded f	rom taxable wages	
Net Pay	3178.58	3178.58
Employer Pa	id Benefits	
PersChoice	875.69	875.69
Dental	36.35	36.35
Vision	2.67	2.67
Life	0.33	0.33
LTD	27.10	27.10
PEN CONTRB	193.85	193.85

Total		1135.99	1135.99
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		3,078.58
Net Chec	k		0.00

© 2002 AutomaticData Processing (PCSUVO)

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Deposited to the account of



		vice Number:	0000033521 01/03/2025
ħ	Account Number	Transit ABA	Amount
ng <u> </u>	XXXXX8893	031176110	100.00
ng	XXXXXX9598	231372691	100.00
ng	XXXXXXXXX2767	236084298	100.00
ng	XXXXX4041	104000016	100.00
ng	XXXXXX0617	036001808	100.00
ng	XXXXXX0527	031000503	100.00
-		031000503 103100195	100.00 300.00

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 13 Famings Statement

Dept: 1025200 5S-Medical Surgical

TEMPLE HEALTH

Location: 1025200 5S-Medical CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 12/29/2024 - 01/11/2025

Advice Date: 01/17/2025 Advice Number: 0000034191 Batch Number: 00000001919

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly Pay Rate: \$59.83

Earnings	Rate	Hours/ Units	This Period Yea	r-to-Date
Regular	59.8300	72.00	4307.76	7897.56
Hol Pr 0.5	29.9150	12.25	366.46	762.83
OT Stndard	59.8300	5.50	329.07	628.22
Sick Leave				717.96

Other	This	
Deductions	Period	Year-to-Date
*PersChoice	102.96	200.26
*Dental	12.12	24.24
Suppl Life	33.64	67.28
Suppl AD&D	1.56	3.12
TUHS STD	43.49	86.98
LTD	28.08	56.16
*PEN CONTRB	193.85	387.70

Taxes		
Fed Withholdng	713.07	1427.50
Fed MED/EE	70.88	141.84
Fed OASDI/EE	303.07	606.49
PA Unempl EE	3.50	7.00
PA Withholdng	150.07	300.31
PA local Withholdng	172.11	344.22
_		

Benefit Time	Balance
Vacation	134.32
Sick	110.58
Personal	9.60

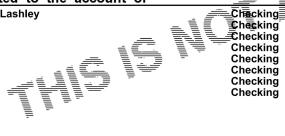
Total Deductions	415.70	825.74
*Excluded from tax	able wages	
Net Pay	3174.89	6353.47
Employer Paid Bene	efits	
PersChoice	926.67	1802.36
Dental	36.35	72.70
Vision	2.67	5.34
Life	0.33	0.66
LTD	27.10	54.20
PEN CONTRB	193.85	387.70

Total		1186.9	7 2322.96
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		3,074.89
Net Chec	k		0.00

© 2002 AutomaticData Processing (PCSUVO)

CHH Community Health Inc Temple Health Sys Boyer Pavilion
TEMPLE HEALTH 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Deposited to the account of



	vice Number:	0000034191 01/17/2025
Account Number	Transit ABA	Amount
- XXXXX8893	031176110	100.00
XXXXXX9598	231372691	100.00
XXXXXXXXX2767	236084298	100.00
XXXXX4041	104000016	100.00
XXXXXX0617	036001808	100.00
XXXXXX0527	031000503	100.00
XXXXXXXX7953	103100195	300.00
XXXXXX0251	031000053	2274.89

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 14 Fagnings Statement

Dept: 1025200 5S-Medical Surgical

TEMPLE HEALTH

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Location: 1025200 5S-Medical

EMPLOYEE ID

Period Beg/End:

Page 001 of 001 01/12/2025 - 01/25/2025

Advice Date: 01/31/2025 Advice Number: 0000034902 Batch Number: 00000001948

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly Pay Rate: \$59.83

Earnings	Rate	Hours/ Units	This Period Ye	ar-to-Date
OT Stndard	59.8300	6.25	373.94	1002.16
Regular	59.8300	72.00	4307.76	12205.32
Hol Pr 0.5				762.83
Sick Leave				717.96

Other	This	
Deductions	Period	Year-to-Date
*PersChoice	102.96	303.22
*Dental	12.12	36.36
Suppl Life	33.64	100.92
Suppl AD&D	1.56	4.68
TUHS STD	43.49	130.47
LTD	28.08	84.24
*PEN CONTRB	193.85	581.55

ed Withholdng	639.47	2066.97
'ed MED/EE	66.22	208.06
ed OASDI/EE	283.13	889.62
A Unempl EE	3.28	10.28
A Withholdng	140.20	440.51
A local Withholdng	161.05	505.27

Benefit Time	Balance
Vacation	138.48
Sick	113.91
Personal	9.60

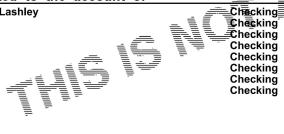
Total Dedu	iction	s 415.70	1241.44
*Excluded	from	taxable wages	
Net Pay 2		2972.65	9326.12
Employer 1	Paid I	Benefits	
PersChoice		926.67	2729.03
Dental		36.35	109.05
Vision		2.67	8.01
Life		0.33	0.99
LTD		27.10	81.30
PEN CONTRE		193.85	581.55

Total		1186.97	3509.93
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		2,872.65
Net Chec	k		0.00

© 2002 AutomaticData Processing (PCSUVO)

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Deposited to the account of



	vice Number:	0000034902 01/31/2025
Account Number	= Transit ABA	Amount
— XXXXX8893	031176110	100.00
XXXXXX9598	231372691	100.00
XXXXXXXXX2767	236084298	100.00
XXXXX4041	104000016	100.00
XXXXXX0617	036001808	100.00
XXXXXX0527	031000503	100.00
XXXXXXXX7953	103100195	300.00
XXXXXX0251	031000053	2072.65

Case 25-10758-amc Doc 23 Filed 04/03/25 Entered 04/03/25 09:52:32 Desc Main Document Page 15 Famings Statement

TEMPLE HEALTH

Dept: 1025200 5S-Medical Surgical Location: 1025200 5S-Medical CHH Community Health Inc

Temple Health Sys Boyer Pavilion

3509 N Broad Street 9th Floor

Philadelphia, PA 19140

EMPLOYEE ID Period Beg/End: Advice Date:

Page 001 of 001 01/26/2025 - 02/08/2025

Advice Number: Batch Number:

02/14/2025 0000035569 00000001975

Kelvin A Lashley 4 DONNY BROOK WAY COLLEGEVILLE, PA 19426

For inquiries on this statement please call: 215-707-1595

Total Hours Worked: Basis of Pay: Hourly Pay Rate: \$59.83

Earnings	Rate	Hours/ Units	This Period Yea	ar-to-Date
OT @ 1.5	89.7450	0.75	67.31	67.31
OT Stndard	59.8300	6.75	403.85	1406.01
Regular	59.8300	72.00	4307.76	16513.08
Hol Pr 0.5				762.83
Sick Leave				717.96

Other Deductions	This Period	Year-to-Date
*PersChoice	102.96	406.18
*Dental	12.12	48.48
Suppl Life	33.64	134.56
Suppl AD&D	1.56	6.24
TUHS STD	43.49	173.96
LTD	28.08	112.32
*PEN CONTRB	193.85	775.40

'axes 'ed Withholdng	660.86	2727.83
ed MED/EE	67.62	275.68
Ced OASDI/EE	289.16	1178.78
A Unempl EE	3.35	13.63
A Withholdng	143.18	583.69
A local Withholdng	164.39	669.66

Benefit Time	Balance
Vacation	142.64
Sick	117.24
Personal	9.60

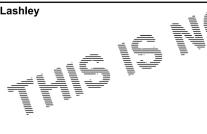
Total Deduction	ns 415.70	1657.14
*Excluded from	taxable wages	
Net Pay	3034.66	12360.78
Employer Paid	Benefits	
PersChoice	926.67	3655.70
Dental	36.35	145.40
Vision	2.67	10.68
Life	0.33	1.32
LTD	27.10	108.40
PEN CONTRB	193.85	775.40

Total		1186.97	4696.90
Net Pay	Dist	ribution	
Deposit	Che	XXXXX8893	100.00
Deposit	Oth		2,934.66
Net Chec	k		0.00

© 2002 AutomaticData Processing (PCSUVO)

CHH Community Health Inc Temple Health Sys Boyer Pavilion 3509 N Broad Street 9th Floor Philadelphia, PA 19140

Deposited to the account of



Adv	vice Number:	0000035569
_ 🛋	Ece Date:	02/14/2025
alfiy ¹	=	
Account Number	Transit ABA	Amount
Account Number xxxxx8893	Transit ABA 031176110	Amount
XXXXX8893	031176110	100.00
XXXXX8893 XXXXXX9598	031176110 231372691	100.00 100.00
XXXXX8893 XXXXXX9598 XXXXXXXXX767	031176110 231372691 236084298	100.00 100.00 100.00
XXXXX8893 XXXXXX9598 XXXXXXXXX767 XXXXX4041	031176110 231372691 236084298 104000016	100.00 100.00 100.00 100.00
XXXXX8893 XXXXXX9598 XXXXXXXXX2767 XXXXX4041 XXXXXX0617	031176110 231372691 236084298 104000016 036001808	100.00 100.00 100.00 100.00 100.00
		Advirce Date: